

## CONSENT AND RELEASE

\_\_\_\_\_  
Name of Program or Project

I,

\_\_\_\_\_  
Name of Project Leader or Authorized Representative

Of

\_\_\_\_\_  
Name of Institution

1. I hereby consent to participation in the program or project identified above, and agree to audio and/or visual recording, live broadcast or the creation of digital media in conjunction therewith. I understand that these recordings, broadcasts or digital media are to be used for educational or research purposes by the eduSource Project for the duration of the eduSource Project contract (March 31, 2004). The eduSource Project acknowledges that all recordings, broadcasts or digital media prepared by the Institution in the performance of this agreement are in the custody and control of the Institution.
2. I agree to the unrestricted distribution and use of said recordings, broadcasts or digital media and any copies thereof for educational purposes by the eduSource Project, its employees, agents, or assignees and I understand that there will be no financial or other consideration for the production or use of said recordings, broadcasts or digital media or copies thereof. Unrestricted distribution does not include release for commercial purposes.
3. I further agree to the use and publication of all or part of said recordings, broadcasts or digital media to be used in any and all promotional or informational publications or broadcast media that the eduSource Project may produce.
4. I further agree and I do hereby release and forever discharge the eduSource Project, its employees, agents, or assignees, from all claims, demands, damages, actions or causes of action of any nature whatsoever, arising or to arise by reason of usage of any of the aforementioned recordings, broadcasts or digital media and of and from all claims or demands whatsoever in law or in equity which I, my heirs, executors, administrators, or assigns may have by reason aforesaid against the eduSource Project.
5. I certify that I have read and fully understand this consent and release and that all questions pertaining to this consent have been answered to my satisfaction.

*This information is collected under the authority of the Freedom of Information and Privacy Act. It is required to document consent to record as described above. If you have questions about the collection or use of this information, please contact Janelle Ring at Netera Alliance, (403) 220-2012.*

DATE: \_\_\_\_\_

Witnessed by:

Signature(s):

\_\_\_\_\_  
Signature of Witness